

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

MARCUS WALKER #374618,

Plaintiff,

NO. 2:21-cv-12874

v

HON. DENISE PAGE HOOD

DR. MARY GREINER, *et al.*,

MAG. PATRICIA T. MORRIS

Defendants.

/

Exhibit B

MDOC Step III Grievance Report,
with Attached Grievances

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

MARCUS WALKER #374618,

Plaintiff, NO. 2:21-cv-12874

v HON. DENISE PAGE HOOD

DR. MARY GREINER, *et al.*, MAG. PATRICIA T. MORRIS

Defendants.

Marcus Walker #374618

In Pro Per

Gus Garrison Correctional Facility
2727 East Beecher Street
Adrian, MI 49221

Allan J. Soros (P43702)
Assistant Attorney General
Michigan Department of Attorney General
Corrections Division
P.O. Box 30217
Lansing, MI 48909
(517) 385-8055

/

AFFIDAVIT FOR STEP III GRIEVANCES

I, Carolyn Nelson, Departmental Analyst, hereby certify that the attached MDOC Prisoner Step III Grievance Report is a true and accurate copy of the report generated for Marcus Walker, #374618. This report is taken from the Michigan Department of Corrections' (MDOC) database that tracks all prisoner/parolee grievances filed at Step III, which have been responded to at Step III. Following the report is a true and correct copy of the underlying grievance documentation received at Step III for the grievances referenced in the report that are highlighted and marked with an "X." For grievances not checked in the last column, the grievance has been received but a response has not been completed as of the date

of the report. This report and the grievances attached are regularly compiled and maintained in the course of the operation of the MDOC.

Carolyn Nelson

Carolyn Nelson, Departmental Analyst

Subscribed and sworn to before me, a Notary Public,
on the 6 day of December, 2022

Nicole Willson

Nicole Willson - Notary Public

(Marcus Walker, #374618)

NICOLE WILLSON
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF EATON
My Commission Expires August 24, 2023
Acting in the County of Ingham



MDOC Prisoner Step III Grievance Report

1/1/2016 to Present

Prisoner #: 374618 **Last Name:** Walker **First Name:** Marcus

Step III Rec'd	Grievance Identifier	Grievance Catagory	Facility	Step I Received Date	Resolved	Partially Resolved	Denied	Rejected	Closed	Date Mailed
10/24/2022	ARF-22-08-1079-12F1	12F1	13	8/9/2022	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/29/2022

Notes:

7/11/2022	ARF-22-05-0618-12E1	12E1	13	5/4/2022	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8/2/2022
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Notes:

6/2/2022	ARF-22-04-0522-12D	12D	13	4/14/2022	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6/13/2022
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Notes:

5/26/2022	ARF-22-03-0390-12E	12E	13	3/21/2022	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6/13/2022
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Notes:



MDOC Prisoner Step III Grievance Report

1/1/2016 to Present

Prisoner #: 374618 **Last Name:** Walker **First Name:** Marcus

Step III Rec'd	Grievance Identifier	Grievance Catagory	Facility	Step I Received Date	Resolved	Partially Resolved	Denied	Rejected	Closed	Date Mailed
11/8/2021	ARF-21-08-1380-12D1	12D1	13	8/10/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11/24/2021

Notes:

10/18/2021	ARF-21-08-1468-28i	28i	13	8/23/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11/10/2021
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Notes: At Step III, changed from 12d1.

10/18/2021	ARF-21-07-1302-28i	28i	13	7/27/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11/10/2021
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Notes: At Step III, changed from 12d1.

8/12/2021	ARF-21-07-1135-28E	28E	13	7/6/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10/12/2021
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Notes:



MDOC Prisoner Step III Grievance Report

1/1/2016 to Present

Prisoner #: 374618 **Last Name:** Walker **First Name:** Marcus

Step III Rec'd	Grievance Identifier	Grievance Catagory	Facility	Step I Received Date	Resolved	Partially Resolved	Denied	Rejected	Closed	Date Mailed
7/29/2021	ARF-21-07-1149-27Z	27Z	13	7/7/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10/6/2021

Notes:

6/21/2021	ARF-21-05-0859-27Z	27Z	13	5/24/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9/9/2021
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Notes:

X	4/26/2021	ARF-21-03-0349-28I	28I	13	3/8/2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7/19/2021
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Notes:

X	3/29/2021	ARF-20-12-2458-12Z1	12Z1	13	12/29/2020	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4/12/2021
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Notes:



MDOC Prisoner Step III Grievance Report

1/1/2016 to Present

Prisoner #: 374618 **Last Name:** Walker **First Name:** Marcus

Step III Rec'd	Grievance Identifier	Grievance Catagory	Facility	Step I Received Date	Resolved	Partially Resolved	Denied	Rejected	Closed	Date Mailed
X 2/10/2020	ARF-20-01-0006-28I	28I	13	1/2/2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2/28/2020

Notes:

X	11/27/2019	ARF-19-10-2533-27Z	27Z	13	10/24/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12/10/2019
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Notes:

X	11/18/2019	ARF-19-10-2379-28I	28I	13	10/1/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12/6/2019
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Notes:

X	9/3/2019	ARF-19-07-1712-28I	28I	13	7/15/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9/23/2019
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Notes:



MDOC Prisoner Step III Grievance Report

1/1/2016 to Present

Prisoner #: 374618 **Last Name:** Walker **First Name:** Marcus

Step III Rec'd	Grievance Identifier	Grievance Catagory	Facility	Step I Received Date	Resolved	Partially Resolved	Denied	Rejected	Closed	Date Mailed
X 3/15/2019	ARF-19-01-0227-12D1	12D1	13	1/29/2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4/11/2019

Notes:

X	1/18/2019	ARF-18-12-3108-12F	12F	13	12/11/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3/18/2019
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Notes:

X	10/3/2018	ARF-18-08-2101-12F	12F	13	8/15/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1/15/2019
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Notes:

X	6/15/2018	ARF-18-04-1061-28e	28e	13	4/17/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10/19/2018
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Notes:



MDOC Prisoner Step III Grievance Report

1/1/2016 to Present

Prisoner #: 374618 **Last Name:** Walker **First Name:** Marcus

Step III Rec'd	Grievance Identifier	Grievance Catagory	Facility	Step I Received Date	Resolved	Partially Resolved	Denied	Rejected	Closed	Date Mailed
6/15/2018	ARF-18-04-1086-28e	28e	13	4/19/2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10/31/2018

Notes:

3/30/2017	ARF-17-02-0332-12A	12A	13	2/7/2017	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6/9/2017
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Notes:



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTION
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

Rec #: 126409

28I

To Prisoner: Walker #: 374618
Current Facility: ARF
Grievance Identifier: ARF-21-03-0349-28I
Step III Received: 4/26/2021

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT. JUL 19 2021


Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

CC: Warden, Current Facility: ARF
Warden, Grieved Facility:

GRANDVIEW PLAZA • P.O. BOX 30003 • LANSING, MICHIGAN 48909

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: 4-13-21
Rec'd

Grievance Identifier: A R F D I 1 0 3 1 REC'D 4-13-21
349

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

APR 26 2021

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to:

GC by 4-14-21. If it is not submitted by this date, it will be considered terminated.

RECEIVED
Office of Legal Affairs

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARF	2-131T	8-25-20	3-4-21

STEP II — Reason for Appeal

Unresolved. Issue presented not addressed at Step I.

STEP II — Response

Date Received by
Step II Respondent:

See attached

S. Campbell Walker
 Respondent's Name (Print)

S. Campbell
 Respondent's Signature

4-16-21
 Date

Date Returned to
Grievant: 4-19-21

STEP III — Reason for Appeal

Unresolved, Issue presented not addressed at Step II. The incident complained of occurred on 8-25-20. Grievant had exhausted all avenues with healthcare before asking the officer to call P.A. Jindal. The denial allowed for "no investigation" and only causes the Grievant to suffer in pain with no remedy available in violation of his 8th Amendment,

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

STEP II PRISONER GRIEVANCE RESPONSE

Prisoner Name WALKER	Number 374618	Institution ARF	Lock 131A-2	Date of Incident 8/5/2020
Respondent Campbell, S.	Title Warden	Date 07-16-2021	Grievance Identifier ARF 2021/03/349/28I	

The Step I grievance rejection upheld by the Wardens Office in accordance with PD 03.02.120 - Prisoner/Parole Grievances.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSJ-247A
J 8 I

MAR 3 2021

Date Received at Step I 3-8-21 Grievance Identifier: A120121031 | B1491421011

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARF	2-131A	8-25-20	3-4-21

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 3-3-21

If none, explain why. I asked Unit Officer to call P.A. Jindal because I only have three (3) days in which to file a grievance from the time that I discover an unresolved issue. I was instructed "to send a healthcare request."

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. On 8-25-20 (my birthday)

I was seen by P.A. Jindal. I complained about chronic and ongoing pain in my right shoulder. P.A. Jindal informed that me the Pain Committee in Lansing DENIED her first request(s) but that she was going to resubmit my need for treatment. On 2-28-21 I requested copies of my healthcare record regarding my right shoulder, request(s) made to the Pain Committee, as well as their reports. I discovered that P.A. Jindal had not made a second request for treatment, the only request is for an x-ray. And that due to the Covid outbreak I'm prevented from getting an x-ray - which is untrue, Prisoners are being taken to outside hospitals daily! I'm told there "is A PLAN in place for my treatment" which is also untrue. For over two years I have been subjected to no real treatment and agonizing pain because of P.A. Jindal's "deliberate indifference." This is in violation of the 8th Amendment - to be free from Cruel and Unusual Punishment. I request immediate treatment and an inquiry into P.A. Jindal's denial of medical care.



Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)


Respondent's Signature
Respon
Deem

Respondent's Name (Print)

Date

Reviewer's Signature

Date

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

**Michigan Department of Corrections
GRIEVANCE REJECTION LETTER**

DATE: 3/25/2021

TO: WALKER 374618 **LOCATION:** ARF 131A-2
FROM: Grievance Coordinator: REAM
SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding Failed to attempt to resolve the issue with staff was received in this office on 3/8/2021 and was rejected due to the following reason:
The grievant did not attempt to resolve the issue with the staff member most directly involved prior to filing the grievance unless prevented by circumstances beyond his/her control or if the issue falls within the jurisdiction of the Internal Affairs Division in Operations Support Administration.

Any future references to this grievance should utilize this identifier: ARF / 2021 / 03 / 0349 / 28I

Ream
Respondent

3/25/21
Date

Brd
Reviewer

3/26/2021
Date

Step III Grievance Response

MARCUS WALKER 374618
ARF 20122458

Grievant alleges Health Care has not appropriately addressed his right shoulder injury/concerns.

All relevant information within the electronic medical record has been reviewed. Step I and Step II appropriately addressed this grievance and are affirmed at the Step III appeal. In regards to your claim, after reviewing your Electronic Medical Record, your medical needs are being appropriately addressed.

Grievance appeal denied.

Response of Bureau of Health Care Services

Date: 4/8/2021

Approved: S. Smoyer RN
S. Smoyer, RN

Date: 4/8/2021

RD Russell

Richard D. Russell Manager, Grievance Section Office of Legal Affairs

MAILED APR 12 2021

Date Mailed

Ref. # 31476

C: Warden ARF

Regional Health Care Administrator Southern
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: 2-22-21

Grievance Identifier: ARF20121245812211

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

MAR 29 2021

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to:

G.C. by 2-25-21. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARF	2-131A	12/21/20	2/22/21

STEP II — Reason for Appeal This issue has not been resolved. Additionally, there was a request made for an extension, however, without being interviewed the issue the grievance against Corizon, Healthcare employees at ARF and P.A. Jindal. I was shut down by Lansing and not informed of this until my birthday (8-25-75) that I was denied in March. There no follow-up app't set for me to see Dr. Michael Freehill and my health has since continued to get worse, there is a sharp pain in my left shoulder and my bicept and arms have gotten smaller and smaller. The Specialist requested that I be sent to U of M for rehab, a shot, and an ultrasound. This was never done. I no longer have the Coronavirus and to deny me medical care when I'm in chronic pain and suffering is to ignore my 8th Amendment right to medical care. The facility could send me to an outside hospital or the prison hospital at Jackson for x-rays. But this is working backwards.

STEP II — Response

Date Received by
 Step II Respondent:

Q.W.W.
 Respondent's Name (Print)

Q.W.W.
 Respondent's Signature

3/23/21
 Date

Date Returned to
 Grievant:
S.B.J.

STEP III — Reason for Appeal

Issue presented not addressed in Step II or III. Unresolved!

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

Step II Grievance Appeal Response

Grievance Number: ARF 2020 12 2458 12Z1	
Prisoner Name: Walker, Marcus	
Prisoner Number: 374618	
I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.	
SUMMARY OF STEP I COMPLAINT: I was told on 10/2/2020 that I would receive an x-ray, which to date has not occurred. Date of incident 12/21/2020.	
SUMMARY OF STEP I RESPONSE: Per review of the Electronic Health Record (EHR); the Medical Provider (MP) ordered x-rays on 10/2/2020. The x-ray department has been closed due to facility outbreak status for COVID-19. Mid-November Grievant was considered a close contact (CC) for COVID-19 and then on 12/2/2020 Grievant became positive (+) for COVID-19. Grievant will be scheduled for x-rays as soon as x-ray department is reopened. Grievant does have a plan of care in place. Grievance denied. The MP ordered x-rays; they will be completed as able due to COVID-19. Date of response 2/9/2021.	
SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges the issue is not resolved, there was a request made for an extension, however, without being interviewed the issue the grievance against Corizon, health care employees at ARF and MP Jindal. I was shut down by Lansing and not informed of this until my birthday (8/25/75) that I was denied in March. There is no follow up appointment set for me to see Dr. Michael Freehill and my health has since continued to get worse, there is a sharp pain in my left shoulder and my bicep and arms have got smaller and smaller. The specialist requested that I be sent to U of M for rehab, a shot, and an ultrasound (US). This was never done. I no longer have the Coronavirus and to deny me medical care when I'm in chronic pain and suffering is to ignore my 9 th Amendment right to medical care. the facility could send me to an outside hospital or the prison hospital at Jackson for x-rays. But this is working backwards. Date of incident 12/21/2020.	
SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal and review of the Electronic Health Record (EHR), including any additional information needed was obtained as necessary to complete the response. Grievant had a right shoulder steroid injection in February of 2020. There are delays in non-urgent/emergent appointments due to COVID-19. Grievant does have x-rays ordered and once facilities have radiology back on-site, the pending x-rays from last year will be completed first, yours included. Grievance is currently denied.	
Grievant is encouraged to access health care through the HCR process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.	
CONCLUSION: Evidence <ul style="list-style-type: none"> • PD 03.02.130, Prisoner Grievances – Extension due date is 3/29/2021. • Policy 03.04.100 Health Services • OP 03.04.100C, Pharmacy Services and Medication Management Grievance denied; Grievant will have x-rays completed as soon as facility radiology returns and his name comes up on the list, delay is due to COVID-19.	
RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: 	DATE: 3/23/2021

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSJ-247ADate Received at Step I 12-29-20Grievance Identifier: AIRF201212458112171

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Walker, Marcus L.	374618	ARF-N	2-217A	12/21/20	12/24/20

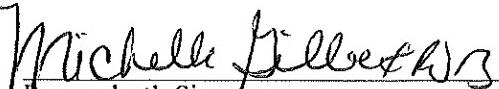
What attempt did you make to resolve this issue prior to writing this grievance? On what date? Yes
 If none, explain why. I have been dealing with this problem since 2/2018 and have constantly attempted to get the problem done. I have spoke to P.A. Jindal, Dr. Freehill, Dr. Greiner, former ADW White; sent letters to Dr. Heidi Washington. My recent kites were addressed by RN's Runyan; RN Angele James on 12/21/20. My kites were sent on 10/2/20, 11/15/20 and 12/21/20.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. This grievance is against Cortzon and its Healthcare employees at ARF-N for violating my 8th Amendment right to receive medical treatment. I have been in chronic pain and suffering since February 2018 in which my right shoulder and arm were injured. I was given pain medication that did not ease the pain. I was seen on 12/9/19 by Dr. Freehill at the U.M. medical section; he recommended for me to "consult with PM-R to work up his neck. Schedule image guided (R) shoulder glenohumeral injection; F/U in Clinic PRN". This has not been done. I have a complete rotator cuff tear with bone spurs; my arm is getting smaller; my left shoulder and arm has gotten worse because of this injury. I needed surgery in 2018, now it is going on 2021 and still nothing has been done. I was told on 10/2/20 that I would receive x-ray, which to date has not occurred.
 RESOLUTON: That I receive the x-rays and the ultrasound, the rest of my scheduled shots; the follow-up with Dr. Michael Freehill; that I be given pain medication to ease the pain, not Tylenol or aspirin which does nothing.



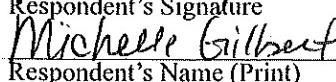
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

Respondent's Signature

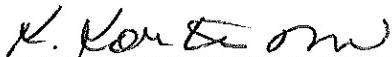
02/09/21



Respondent's Name (Print)



Working Title



Reviewer's Signature

02-09-2021



Working Title

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S 3/18/2019

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

Prisoner Last Name: Walker	Prisoner #: 374618	Lock/Location: 2-217A/ARF	Grievance #: ARF-20-12-2458-12Z1
Prisoner Interviewed: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "NO", Reason: Prisoner description allowed response from record.			
Extension Granted: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If "YES", Enter End Date:			

COMPLAINT SUMMARY:

I was told on 10/02/2020 that i would receive x-ray, which to date has not occurred.

INVESTIGATION SUMMARY:

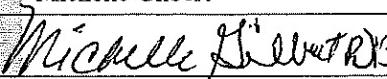
Per review of the EMR : The Medical Provider ordered x-ray on 10/02/2021. The X-ray department has been closed due to Facility is on outbreak status for COVID-19. Mid-November grievant was considered a close contact for COVID-19 and then on 12/02/2020 grievant became positive for COVID-19. Grievant will be scheduled for x-ray as soon as X-ray department is reopened. Grievant does have a plan of care in place.

APPLICABLE POLICY, PROCEDURE, ETC.:

03.04.100

DECISION SUMMARY:

Grievance denied The Medical Provider ordered x-ray on 10/02/2021. The X-ray department has been closed due to Facility is on outbreak status for COVID-19. Mid-November grievant was considered a close contact for COVID-19 and then on 12/02/2020 grievant became positive for COVID-19. Grievant will be scheduled for x-ray as soon as X-ray department is reopened. Grievant does have a plan of care in place.

RESPONDENT NAME:	Michelle Gilbert	TITLE:	RN-13
RESPONDENT SIGNATURE:			
DATE:	02/09/2021		
REVIEWER NAME:	Kim Korte	TITLE:	A/HUM
REVIEWER SIGNATURE:			
DATE:	02/09/2021		

Distribution: Original - Step I Grievance Coordinator

Copies – 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

113552

28I

To Prisoner: Walker #: 374618

Current Facility:

Grievance ID #: ARF-20-01-0006-28I

Step III Received: 2/10/2020

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

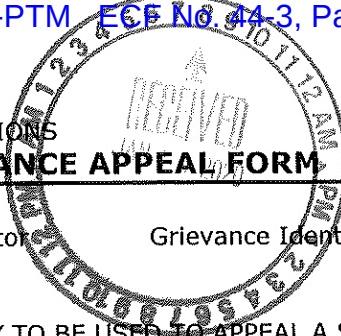
THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

Date Mailed: FEB 28 2020

cc: Warden, Filing Facility:

GRANDVIEW PLAZA • P.O. BOX 30003 • LANSING, MICHIGAN 48909



MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
CSJ-247B

Date Received by Grievance Coordinator
at Step II: 1/10/20

Grievance Identifier: AFF 2001 1 1 6 284

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy) If you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

FEB 10 2020

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
G.C. by 1-17-20. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	374618 1712844	ARF-N	2-131A	on-going	1/14/20

STEP II Reason for Appeal It was claimed that the "Issue" was "Failed to attempt to resolve the issue with staff"; this was an error as the issue was "Medical". Throughout the body of the Step I Grievance, it lists several days that I sent in medical kites, i.e., 12/9/19, 12/15/19; 12/20/19; 12/24/19 and 12/27/19 with kite replies. I was seen on 12/9/19 at U of M, by a consultant, who recommended a shot and ultrasound. I also asked for the results of 12/2/19. "What attempt did I make" is explained in the body of the grievance. I was told that I would receive an Answer by 1/23/20, but I was told to file the Step II appeal by 1/17/20.

STEP II — Response

See attached

<u>S. Campbell Warden</u>	<u>S. Campbell</u>	<u>1-16-2020</u>	Date Returned to Grievant:
Respondent's Name (Print)	Respondent's Signature	Date	

STEP III — Reason for Appeal No one is taken my medical need serious! They have not read body of the Step I Grievance; and how Stacy Ream misconducted the medical issue -- it was not "failed to attempt to resolve with staff". The grievance process is being a mockery of by B. Eves and Grievance Coordinator Stacy Ream. I ask that my claim be looked at and that this matter be remanded to be proper addressed at the Step I level. I live in constant pain and I want to follow the recommendation of the U.M. CONSULTANT; I have never disagreed about the medical Treatmentplan; I did write and speak to those concerned with this issue.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III – Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

STEP II PRISONER GRIEVANCE RESPONSE

Prisoner Name WALKER	Number 374618	Institution ARF	Lock 131A-2	Date of Incident ON GOING
Respondent Campbell, S.	Title Warden	Date 1-16-2020	Grievance Identifier ARF 2020/01/0006/28I	

The Step I grievance rejection has been reviewed by the Wardens Office in accordance with PD 03.02.120 "Prisoner/Parole Grievances" and the grievance rejection is upheld at Step II.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

RECEIVED

JAN 2 2020

P
4835-4247 10/94
CSI-247ADate Received at Step I 1-2-20Grievance Identifier: A72FL20191111612877

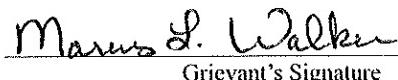
Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident on-going	Today's Date
Walker	374618	ARF-N	2-131A		12/30/19

What attempt did you make to resolve this issue prior to writing this grievance? On what date? Yes ?
If none, explain why.

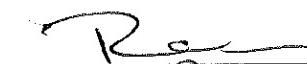
?

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. On 12/9/19, I was sent off-site to see a Specialist/Consultant. I sent a kite to see the P.A. to get the results. [I sent a medical kite on 12/9/19], told by Mary Velarde, RN that I had an appointment in February. I sent another medical kite on 12/15/19 asking to see someone concerning the results. I sent a medical kite on 12/18/19 requesting a follow-up concerning the 12/9/19 off-site, stating that I had explained to the specialist about other things that were hurting me on my left side of my neck having sharp pain in my shoulder hurting real bad my right shoulder giving me sharp pain and no feeling in my arm my back is hurting real bad having real hot and pain and it hurt when I go to restroom; I have not seen anyone and it was serious pain. Answered by RN Cheryal L. Tucker "Callout scheduled for constipation and generalized pain". On 12/24/19 sent medical kite. I had seen a Jane Doe #1 on 12/20/19 and asked her about the recommendation from the Specialist from U of M concerning his recommendation for some type of shot and an ultra-sound; RN Jane Doe #1 asked Jane Doe #2 if she had got the envelope from Intake; Jane Doe #2 said yes and that she had given it to P.A. Jindal. I asked about this in my 12/24/19 medical kite, where I asked about the recommendation and if anyone could contact U of M and see what the recommendation was. Again Mary Velarde told me that I have an appointment in February for Chronic Care and my shoulder pain would be included at the appointment; this was the response on 12/27/19. I have been living in excruciating pain, my pain has gotten worse, other parts of my body is now hurting and deteriorating. The consultant advised that he needed to do an ultra-sound because surgery would not be appropriate at this time because there "were too many things going on" with me. RESOLUTION: That I be seen and given the shot and ultra-sound that was recommended; that my appointment be moved up from February 2020 in order that the pain and damage not worsen any further.

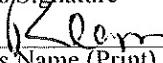


Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)



Respondent's Signature



Respondent's Name (Print)

1-2-20

Date



Working Title



Reviewer's Signature



Reviewer's Name (Print)

1/6/20

Date



Working Title

Date Returned to

Grievant:

1-7-20

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

**Michigan Department of Corrections
GRIEVANCE REJECTION LETTER**

DATE: 1/2/2020

TO: WALKER

374618

LOCATION: ARF

131A-2

FROM: Grievance Coordinator: REAM

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding Failed to attempt to resolve the issue with staff was received in this office on 1/2/2020 and was rejected due to the following reason:
The grievant did not attempt to resolve the issue with the staff member most directly involved prior to filing the grievance unless prevented by circumstances beyond his/her control or if the issue falls within the jurisdiction of the Internal Affairs Division in Operations Support Administration.

Any future references to this grievance should utilize this identifier:

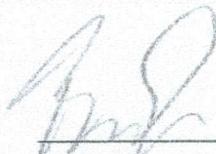
ARF / 2020 / 01 / 0006 / 28I



Respondent

1-2-20

Date



Reviewer

1/6/20

Date



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

112181

27Z

To Prisoner: Walker #: 374618

Current Facility:

Grievance ID #: ARF-19-10-2533-27Z

Step III Received: 11/27/2019

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Date Mailed: DEC 10 2019

Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

cc: Warden, Filing Facility:

GRANDVIEW PLAZA • P.O. BOX 30003 • LANSING, MICHIGAN 48909

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: 10/29/19

Grievance Identifier: AIR619110 DS3B1 272-

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

NOV 27 2019

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
6-C. by 11-8-19. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident On-going	Today's Date
Marcus L. Walker	374618	ARF-N	2-131A	On-going	10/28/19

STEP II — Reason for Appeal This is a grievable issue as I have been made to suffer with pain in violation of the 8th Amendment prohibition against Cruel and Unusual Punishment, since February 2018. I am requesting that the grievance be processed and that I receive the surgery and pain medication that is required. I have spoke to, wrote to those individuals named and not named concerning this matter. NOTE: I was not interviewed nor was the merits discussed with me nor why my complaint is non-grievable. No rational basic of the merits were given.

STEP II — Response

Date Received by
Step II Respondent:

See attachment

D Messer
Respondent's Name (Print)

Deputy Messer
Respondent's Signature

11/11/19
Date

Date Returned to
Grievant:

11-12-19

STEP III — Reason for Appeal Complaint has not been resolved.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

STEP II PRISONER GRIEVANCE RESPONSE

Prisoner Name WALKER	Number 374618	Institution ARF	Lock 2-131A	Date of Incident "ONGOING"
Respondent DW MESSER	Title DEPUTY WARDEN	Date 11/11/19	Grievance Identifier ARF2019/10/2533/27Z	

The Step I grievance rejection has been reviewed by the Deputy Wardens Office in accordance with PD 03.02.120 "Prisoner/Parole Grievances" and the grievance rejection is upheld at Step II.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORMP
4835-4247 10/94
CSJ-247ADate Received at Step I 10-24-19 Grievance Identifier: ARF1191/0 253B1 272

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	374618	ARF-N	2-131A	On-going	10/21/19

What attempt did you make to resolve this issue prior to writing this grievance? On what date? Yes
If none, explain why. I have kited, spoke to and seen in person ADW White, HUM Janet Campbell, P.A., Roselyn Jean Jinjal, Dr. Mary Greiner, and several nurses since February 2018 through 10/21/19; Warden Sherman Campbell, Director Heidi W. Washington, and Corizon, Inc..

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. This is a grievance concerning my being subjected to Cruel and Unusual Punishment under the Eighth Amendment of the U.S. Constitution for the pain and suffering that I have been subjected to and the long delay in providing proper treatment and surgery. Yes, I have been given alleged pain medication, which does not help and I kept advising Corizon and their staff of this very issue. I am forced to live with pain that is excruciating. Now my other shoulder is causing me problems, which has led to pain in my back and both my lower legs; I have reported this to all concerned parties, those known and those not known, yet I am forced to live with pain, suffering and agony. Warden Campbell has failed to adequately supervise the medical system at this facility and so do has the Director, Heidi W. Washington. It is going on 2 years and no surgery has been done, yet it has been warranted. Corizon Inc. is guilty of this delay in surgery which has inflicted the sort of "pain and suffering which no one suggests would serve any penological purpose. Corizon Inc and its medical staff, as well as prison officials may not abandon their responsibility to supervise the availability of adequate surgical procedures for a convicted felon. ADDRESS: That I be given pain medication, receive the surgery that is needed and to examine and treat all related medical complications that I have been suffering through because of this inordinate delay in proper treatment and procedure which runs afoul of the Eighth Amendment.

Marcus S. Walker

Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)
Per H.C.

Respondent's Signature

Date

Reviewer's Signature

Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

**Michigan Department of Corrections
GRIEVANCE REJECTION LETTER**

DATE: 10/24/2019

TO: WALKER 374618 LOCATION: ARF 131A-2
FROM: Grievance Coordinator: REAM
SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding **OTHER Non-Grievable**
was received in this office on **10/24/2019** and was rejected due to the following reason:
Non-grievable issues. No violations of Policy OTHER

Any future references to this grievance should utilize this identifier: **ARF / 2019 / 10 / 2533 / 27Z**



Respondent

10-24-19

Date



Reviewer


10-24-19

Date



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

112050

28I

To Prisoner: Walker #: 374618

Current Facility:

Grievance ID #: ARF-19-10-2379-28I

Step III Received: 11/18/2019

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.



Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

Date Mailed:

DEC 06 2019

cc: Warden, Filing Facility:

GRANDVIEW PLAZA • P.O. BOX 30003 • LANSING, MICHIGAN 48909

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: 10/11/19

Grievance Identifier: AIRFLAHP1 D37A1 2187

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

NOV 18 2019

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
G.C. by 11.4.19. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	374618	ARF-N	2-131A	9/27/19	10/18/19

STEP II — Reason for Appeal Prisoner did attempt to resolve this issue with staff; was told to leave; also spoke with ADA White concerning the matter. I am requesting that the Step I grievance be processed. I am still asking to see a kidney specialist concerning my kidneys which I learned have been a problem since 2016. I still need something for pain concerning my legs.

STEP II — Response

Date Received by
 Step II Respondent: _____

See attached

S. Campbell Walker
 Respondent's Name (Print)

S. Campbell
 Respondent's Signature

11-5-19
 Date

Date Returned to
 Grievant:
11-6-19

STEP III — Reason for Appeal The investigation was a sham and was used to protect the "integrity of the investigation" and did not interview any staff member involved in the interview nor Stacy Ream, Grievance Coordinator claiming that there was no attempt to resolve with Dr. Mary Greiner. Clearly, the Step I grievance shows that I spoke with her and she made the comments that she did. I still need medication and to see a "kidney" specialist. Step I and Step II are missing the issue -- my health!

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

STEP II PRISONER GRIEVANCE RESPONSE

Prisoner Name WALKER	Number 374618	Institution ARF	Lock 131A-2	Date of Incident 9/27/19
Respondent <i>SL</i> Campbell, S.	Title Warden	Date <i>11-5-19</i>	Grievance Identifier ARF 2019/10/2379/28I	

The Step I grievance rejection has been reviewed by the Wardens Office in accordance with PD 03.02.120 "Prisoner/Parole Grievances" and the grievance rejection is upheld at Step II.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSJ-247ADate Received at Step I 10/1/19Grievance Identifier: AIRF10011 23791 TZD

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	372618	ARF-M	2-131A	9/27/19	9/30/19

What attempt did you make to resolve this issue prior to writing this grievance? On what date? Yes

If none, explain why spoke with Dr. Mary Greiner on 9/27/19; sent kites to the H.U.M.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. This grievance is against Dr. Mary Greiner for a total lack of respect and regards for my health and well-being in lieu of violating my 8th Amendment right. On 9/27/19, I spoke with Greiner about the pain that I am still having in my left leg, even though surgery was done; that there still existed pain. That the pain had spread to my right leg and I was experiencing the same symptoms that I was having with my left leg when I had surgery. Dr. Greiner told me that "the pain will go away in a couple of weeks". I told her that I was experiencing kidney problems since 2016 and maybe the kidney was causing me pain in my lower back. Dr. Greiner told me emphatically, "Kidney cannot cause you pain in your back". This is something new to me and my family. I keep trying to resolve my medical issues, but Dr. Greiner appears nonchalant and supplies "no answers of value". Her indifference to my health is a callous and deliberate indifferent which is violative of the 8th Amendment, as well as my right to be free from "cruel and unusual punishment"; her actions shows a display of deliberate indifference to my health and well-being. REDRESS: That I be seen by a kidney specialist and be given pain medication and that the hospital find out what is the problem with my left and right leg. Dr. Greiner should be reported to the Dept. of Professional Health Services, for behavior unbecoming of a medical profession and should be stop from practicing medicine at this facility.

Marcus L. Walker #374618

Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

Par H.C.

Ram
Respondent's Signature

Ram
Respondent's Name (Print)

10-9-19
Date

OPR
Working Title

B. Evans
Reviewer's Signature

B. Evans
Reviewer's Name (Print)

10/9/2019
Date

Adm
Working Title

Date Returned to

Grievant:

10-16-19

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MDOC Defs Exhibit B

Marcus Walker #374618 v Dr. Mary Greiner, et al.

032

USDC-ED No. 2:21-cv-12874

**Michigan Department of Corrections
GRIEVANCE REJECTION LETTER**

DATE: 10/9/2019

TO: WALKER 372618 LOCATION: ARF 2-131
FROM: Grievance Coordinator: REAM
SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding Failed to attempt to resolve the issue with staff was received in this office on 10/1/2019 and was rejected due to the following reason:
The grievant did not attempt to resolve the issue with the staff member most directly involved prior to filing the grievance unless prevented by circumstances beyond his/her control or if the issue falls within the jurisdiction of the Internal Affairs Division in Operations Support Administration.

Any future references to this grievance should utilize this identifier: ARF / 2019 / 10 / 2379 / 28I



Respondent

10/9/19

Date



Reviewer

10/9/2019

Date

**Michigan Department of Corrections
GRIEVANCE APPEAL RECEIPT STEP II**

DATE: 10/31/2019

TO: WALKER

372618

LOCATION: ARF

2-131

FROM: Grievance Coordinator: LAWSON

SUBJECT: Receipt of the Grievance Appeal Form

I acknowledge receipt of your Step II grievance appeal, identifier ARF / 2019 / 10 / 2379 / 281 which was received in this office on 10/31/2019

Unless you are otherwise notified you should be provided a Step II response within 15 business days of the date your appeal was received or no later than 11/21/2019

If you have not received a response by this date or agreed to an extension, you may submit your step III appeal to the Directors office.



STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF CORRECTIONS
LANSING

HEIDI E. WASHINGTON
DIRECTOR

STEP III GRIEVANCE DECISION

110220

281

To Prisoner: Walker #: 374618

Current Facility: *ALF*

Grievance ID #: ARF-19-07-1712-28I

Step III Received: 9/3/2019

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

THE REJECTION IS UPHELD.

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

Richard D. Russell, Manager Grievance
Section, Office of Legal Affairs

Date Mailed:

SEP 23 2019

cc: Warden, Filing Facility: *ALF*

GRANDVIEW PLAZA • P.O. BOX 30003 • LANSING, MICHIGAN 48909

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
 CSJ-247B

Date Received by Grievance Coordinator
 at Step II: 8/03/18

Grievance Identifier: ARF-1907117112128II

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED - MDOC
 SEP 03 2019

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
G.C. by 8:23 PM. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	374618	ARF-N	2-131A	7/11/19	8/21/19

STEP II — Reason for Appeal This issue has not been resolved; additionally, there was a request made for a 20-day extension; however, without being interviewed, the issue being addressed, Deputy Warden White, whose in charge of custody took upon him to attempt to address the issue, and returning the Step I grievance unanswered and unresolved, by telling me that I did not attempt to resolve the issue when in fact, it was explained in detail that I did attempt to resolve it. I am requesting that my Step I grievance be addressed and resolved and that I receive the surgery that I need.

STEP II — Response

Date Received by
 Step II Respondent:

See attached

S. Campbell Warden

J. C. M

Respondent's Name (Print)

Respondent's Signature

Date

Date Returned to
 Grievant:

8-22-19

STEP III — Reason for Appeal The issue has not been resolved. Step II response does not reflect that the Step I was properly reviewed, because it would show that there was an attempt made to resolve the matter. The issue of why a 20-day extension was requested if there was no attempt to resolve the matter first! The Step I grievance must be sent back for a response and medical attention must be given to correct the damage arm and shoulder caused by the misdiagnosis and delay in treating the problem, which has caused permanent damage.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

STEP II PRISONER GRIEVANCE RESPONSE

Prisoner Name WALKER	Number 374618	Institution ARF	Lock 131A-2	Date of Incident 7/11/19
Respondent Campbell, S.	Title Warden	Date 8-28-19	Grievance Identifier ARF 2019/07/1712/28I	

The Step I grievance rejection has been reviewed by the Wardens Office in accordance with PD 03.02.120 "Prisoner/Parole Grievances" and the grievance rejection is upheld at Step II.

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM4835-4247 10/94
CSJ-247A
28Date Received at Step I 7/15/2019 Grievance Identifier: ARF119071117121T2E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison law library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	374618	ARF-N	2-131A	7/11/19	7/14/19

7/11/19

What attempt did you make to resolve this issue prior to writing this grievance? On what date? If none, explain why. This grievance is against Corizon and their medical staff at the Gus Harrison Correctional Facility, which include P.A. Jindal and Dr. Mary Greiner.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. This grievance is against the above named people and Corizon for a total deliberate indifference to my health and well-being which began in January 2018 and continues to this day, July 11, 2019. On 7/11/19, I was seen at Health Care. The nurse asked what "can I do for you?" This came in response to the pain and numbness in my shoulder, arm and the pain and swelling in both legs. The nurse stated that she could not prescribe any medication; I told her that I knew that. I told her to recommend me to see a doctor and let them know of the severity of the pain. Prior to this, when I first seen Dr. Mary Greiner, she asked what can I do for you?" I replied that "you are the doctor". She ordered X-Rays, but I still have not seen the results. I told the radiologist after she took the X-Ray of my left leg, I explained to her that my right leg was now causing me pain and swelling in my kneecap and ankle. Nothing has been done except being seen by a nurse. Now, I am on a cane and have not been given any medication. Some days I can't even barely walk — both legs are swollen and in constant pain. I was by the nurse on 7/11/19, that on August 26, 2019 that I would be seen by P.A. Jindal for chronic care. This does not correct the problems that I am having. I had been recommended to see a Specialist. The Specialist did not want to cut on me because of the severe damage that has already been done to my shoulder and arm because of the deliberate indifference to my health by Corizon

Marcus L. Walker

Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)Per H.C.

Respondent's Signature

R. L. Walker

Respondent's Name (Print)

8-7-19

Date

COR

Working Title

ADW. White

Reviewer's Signature

ADW. WHITE

Reviewer's Name (Print)

8-8-19

Date

ADW

Working Title

Date Returned to

Grievant:

8-12-19

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORMDate Received at Step I 7/15/2019 Grievance Identifier: ARF 19071 1712 723OSI-247A
281

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus L. Walker	374618	ARF-N	2-131A	7/11/19	7/14/19

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 7/11/19
If none, explain why.

See page 1 of 21

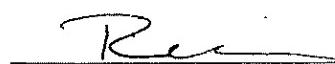
State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

and their employees. The Specialist wanted to seek therapy; I completed the therapy. I was seen by a Specialist again who stated that I needed surgery not therapy because of the damage that had been done to my shoulder and arm. I was approved to see a Specialist in April 2019; I still have not seen anyone and the use of my arm, shoulder, hand and legs are getting worse, not better and no treatment is being offered to alleviate the pain and suffering and sleepless nights. The Medical Provider for this facility is not providing me with any treatment and the M.D.O.C. hands are tied because they cannot go against the Medical Provider - Corizon. REDRESS: That I been seen by a surgeon, receive proper medical care and treatment and be provided the proper medication. That treatment be done before I lose my legs, shoulder and arm.



Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)



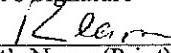
Respondent's Signature

Date

8.7.19

ADW. White

8.8.19



Respondent's Name (Print)

Working Title

CORR

Reviewer's Signature

ADW. WHITE

Date

ADW

Working Title

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

**Michigan Department of Corrections
GRIEVANCE REJECTION LETTER**

DATE: 8/7/2019

TO: WALKER

374618

LOCATION: ARF

131A-2

FROM: Grievance Coordinator: Ream

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding Failed to attempt to resolve the issue with staff was received in this office on 7/16/2019 and was rejected due to the following reason:

The grievant did not attempt to resolve the issue with the staff member most directly involved prior to filing the grievance unless prevented by circumstances beyond his/her control or if the issue falls within the jurisdiction of the Internal Affairs Division in Operations Support Administration.

Any future references to this grievance should utilize this identifier: ARF / 2019 / 07 / 1712 / 281



Respondent

8-7-19

Date



Reviewer

8-8-19

Date

**Michigan Department of Corrections
GRIEVANCE INVESTIGATION DELAY LETTER**

DATE: 7/24/2019

TO: WALKER 374618 **LOCATION:** ARF 131A-2
FROM: Grievance Coordinator: Ream
SUBJECT: Request for Extension on Grievance Investigation

The investigation of your grievance, Identifier ARF / 2019 / 07 / 1712 / 12E at, Step I, will take longer than the time provided for in procedure OP 03.02.130. Therefore an extension has been approved by this office.

The original date for completion at this step was
investigation at this step to be completed 8/27/2019
your facility's Grievance Coordinator.

8/6/2019 An extension is now requested for the
A response will be provided and sent to you by way of

**Michigan Department of Corrections
GRIEVANCE APPEAL RECEIPT STEP II**

DATE: 8/22/2019

TO: WALKER

374618

LOCATION: ARF

131A-2

FROM: Grievance Coordinator: LAWSON

SUBJECT: Receipt of the Grievance Appeal Form

I acknowledge receipt of your Step II grievance appeal, identifier ARF / 2019 / 07 / 1712 / 28I which was received in this office on 8/22/2019

Unless you are otherwise notified you should be provided a Step II response within 15 business days of the date your appeal was received or no later than 9/12/2019

If you have not received a response by this date or agreed to an extension, you may submit your step III appeal to the Directors office.

Step III Grievance Response

MARCUS WALKER **374618**

ARF **19010227**

Grievant alleges the Nurse did not appropriately treat his shoulder injury.

All relevant information within the electronic medical record has been reviewed. Step II appropriately addressed this grievance and are affirmed at the Step III appeal. The Nurses responsibility is to evaluate patients and refer them to the medical provider; not change and/or order different medications. The Medical Provider is the medical authority and is responsible to manage the treatment plan of the patient. Your disagreement with the treatment plan does not constitute a denial of care.

Grievance appeal denied.

Response of Bureau of Health Care Services

Date: **4/4/2019**

Approved: R. Harbaugh, RN
R. Harbaugh, RN

Date: 4/13/19


Richard D. Russell Manager, Grievance Section Office of Legal Affairs

APR 11 2019

Date Mailed

Ref. # **29285**

C: Warden

Regional Health Care Administrator Southern
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
CSJ-247B

P
Date Received by Grievance Coordinator
at Step II: 7/28/19

Grievance Identifier: AIRG1191011 12217124011

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or ~~RECEIVED COPY~~ MDOC) you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

MAR 15 2019

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: Office of Legal Affairs
G.C. by 3-1-19. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Maecus Walker	374618	ARF-N	2-131A	1/23/19	2/25/19

STEP II — Reason for Appeal Pain has gotten worse, not better. I did see a PA on 2/14/19. ~~However~~ ~~I have not received any treatment nor seen treatment by a specialist.~~ ~~that was recommended by Specialist,~~ Corizon for some reason has not approved treatment.

STEP II — Response

Date Received by
Step II Respondent:(See Attached)S.A'ken, RN

Respondent's Name (Print)

S. A'ken

Respondent's Signature

3-4-19

Date

Date Returned to
Grievant:3-5-19

STEP III — Reason for Appeal While it is true that I have been scheduled to see a PA, this does not alleviate the pain and suffering that I am experiencing; nor, does it show that the Specialist recommendation have been undertaken and followed up on. I am still living with excruciating pain!

While they speak of a treatment plan, no treatment plan has been given.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

A'ken

Step II Grievance Appeal Response

Grievance Number: ARF 2019 01 0227 12D1

Prisoner Name: Walker, Marcus

Prisoner Number: 374618

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: Grievant states that he has seen the nurse several times and informed him of the several pain in his shoulder and has been told that he has been approved for therapy but Grievant states that he has informed the nurse that pain medication is not working and he has not prescribed any different one and he continues to experience excruciating pain. Date of incident 1/23/19.

SUMMARY OF STEP I RESPONSE: Upon searching the Electronic Health Record (EHR) noted that Grievant was first seen by nursing on 2/13/18 for above issues. Inmate was also seen by the Medical Provider (MP) on that day. Was seen by nursing on 2/20/18 and MP was notified of current status. Seen by nursing on 2/26/18. Was seen by MP on 2/26/18 and a request for ultrasound (US) on right arm was submitted and approved. Medication was also approved. Had the US on 3/7/18. Seen by nurse on 3/13/18. Was seen by the MP on 3/15/18 and by nurse on 4/13/18, 4/17/18, and 4/24/18. On 5/4/18 he was seen by the MP and an orthopedic consult was requested but deferred. On 5/11/18, x-rays of right shoulder were done. Was seen again by the MP on 5/24/18 and a Physical Therapy (PT) consult was requested and approved. Seen by the nurse on 6/12/18 and 6/21/18. Had PT evaluation on 7/3/18. Seen by the MP on 8/9/18 and an MRI of right shoulder was requested and approved. Seen by MP on 9/20/18 and a request for an orthopedic consult was approved. Seen by nursing on 10/26/18 for above issues. Seen by MP on 10/30/18. Seen by nursing on 11/14/18 and referred to the MP. Last seen by the nurse on 1/24/19 and referred to the MP. Nurse only evaluate medical issues and refer, or chart review the MP as needed. Nurses cannot prescribe or change medication orders, only the MP. The MP evaluates, treats and orders diagnostic testing conducted and monitored by the MP. The MP is responsible to determine the most appropriate course of treatment. A disagreement with the medical judgment of the MP does not support a claim that the treatment plan is inappropriate. Grievant has an appointment with the MP this afternoon and was encouraged to discuss all issues regarding right shoulder at that time and Grievant will ask the MP what else can be done to help relieve the pain and discomfort on that shoulder. Grievant is encouraged to access health care through the Health Care Request (HCR) process to address any current health care concerns. Grievance partially resolved. Date of response 2/14/19.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges pain has gotten worse, not better. I did see a PA on 2/14/19. Have no been seen by a doctor; have not been given treatment nor received any treatment that was recommended by specialist. Corizon for some reason has not approved treatment. Date of incident 1/23/19.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal, the Electronic Health Record (EHR), and policies were all reviewed, including any additional information needed was obtained as necessary to complete the response. Mr. Walker, you were seen again by the MP on 3/1/19, who documents for your treatment plan for you to continue with Celebrex and APAP as needed. You have a PT appointment scheduled, for right shoulder girdle strengthening, you are encouraged to watch for call out and dressed appropriately in your State Blues. You may consider taking something for pain/discomfort prior to leaving for that appointment. Pain Management Committee (PMC) recommendations are currently pending. PMC meets once a month. The MP will be informed when your case has been reviewed. As it pertains to your comment of not seeing a "doctor", you are scheduled to see MP, based on who you are assigned to or which MP is available at the time of the appointment, inmates do not choose their MP. MP is a DO, MD (including a psychiatrist), Optometrist, Dentist, Physician Assistant (PA), or Nurse Practitioner (NP) licensed by the State of Michigan. Review of the evidence supports that Grievant's medical needs are being addressed. Grievant is encouraged to follow the treatment plan, as recommended by the MP.

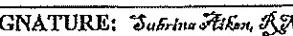
Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Services
- OP 03.04.100C, Pharmacy Services and Medication Management

Grievance Denied; Grievant has been assessed for this issue with all necessary medical treatment provided as determined medically indicated by the assessing qualified health care professionals. Grievant does have a treatment plan per MP. Currently pending PMC recommendations. The MP oversees determining the treatment plan.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
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RESPONDENT SIGNATURE: 	DATE: 3/4/19
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**MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM**

4835-4247 10/94

CSJ-247A

Date Received at Step I 129/19 Grievance Identifier: AIRL1901 B271B1D1

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

What attempt did you make to resolve this issue prior to writing this grievance? On what date? Yes. 1/23/19
If none, explain why. I have sent 4 kites (medical) to resolve and still have not received proper medical attention by any medical staff. I seen RN Henry Frenick on 1/23/19.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. **Medical Indifference:** I have for the fourth time requested certain medical care and was seen by RN Henry Frenick. My attempts with RN Frenick has been completely ignored and neglected; he did not write anything down; when I was explaining my medical problem and being denied the consideration needed by RN Frenick [I have copies of Health Care Request Kites]. I explained that the medication prescribed by the doctor and RN Frenick kept saying the Specialist have requested for rehab which Lansing approved me for therapy for the pain and tear with my shoulder and arm; but also he told me if my shoulder not better in 3 or 4 months come back to him ASAP. The SPecialist said I was beyond therapy and need surgery. Now in the contrary to file a grievance as I asked RN Frenick to tell the doctor I needed a different medication because the "mobic" was not helping and gave me headaches. I have sent 4 kites dealing with this issue and now experiencing extreme sharp pains under my right arm and side and tightness and numbness on my left chest pec. I explained this to RN Frenick and he did not examine me nor prescribe anything. Since the visit with him, I have experience excruciating pain, numbness in the same ~~area~~ [NOTE: heart attacks and strokes run in my family]. It appears at times that I am having a stroke or a heart attack or something serious. The only thing that

Mary G. Walker

Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

Yes No

If No, give explanation. If resolved, explain resolution.)

see attached

Debra J. Nava
Respondent's Signature

Debra S
Respondent's Signature

3/14/19

J Campbell
Reviewer's Signature

2/14/19
Date

Debra L. Maris
Respondent's Name (Print)

Working Title

Reviewer's Name (Print)

Working Title

Date Returned to
Grievant: 3-15-01

If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S – DRAFT 7/9/2018

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

Grievance #:	ARF-19-01-0227-12D1	Prisoner Interviewed:	YES <input checked="" type="checkbox"/>	IF NO INTERVIEW, GIVE REASON:		
Prisoner Name:	Walker Marcus		NO <input type="checkbox"/>			
Prisoner #:	374618					

Lock/Location:

131A-2

Extension Granted:

YES: NO:

If "YES" end date:

COMPLAINT SUMMARY:

Grievant states that he has seen the nurse several times and informed him of the several pain in his shoulder and has been told that he has been approved for therapy but grievant states that he has informed the nurse that pain medication is not working and he has not prescribed any different one sand he continues to experience excruciating pain.

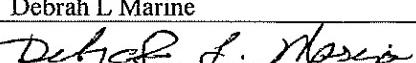
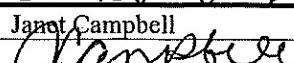
INVESTIGATION SUMMARY:

Upon searching the electronic chart noted that grievant was first seen by nursing on 2/13/18 for above issues. Inmate was also seen by the Medical Provider (MP) on that day . Was seen by nursing on 2/20/18 and MP was notified of current status. Seen by nursing on 2/26/18. Was seen by MP on 2/26/18 and a request for ultrasound on right arm was submitted and approved. Medication was also approved. Had the ultrasound on 3/7/18 . Seen by nurse on 3/13/18. Was seen by the MP on 3/15/18 and by nurse on 4/13/18 , 4/17/18 and 4/24/18. On 5/4/18 he was seen by the MP and an orthopedic consult was requested but deferred. On 5/11/18 , x rays of right shoulder were done. Was seen again by the MP on 5/24/18 and a Physical Therapy consult was requested and approved. Seen by the nurse on 6/12/18 and 6/21/18. Had Physical Therapy evaluation on 7/3/18. Seen by the MP on 8/9/18 and an MRI of right shoulder was requested and approved. Seen by MP on 9/20/18 and a request for an orthopedic consult was approved. Seen by nursing on 10/26/18 for above issues. Seen by MP on 10/30/18. Seen by nursing on 11/15/18 and referred to the MP. Last seen by the nurse on 1/24/19 and referred to the MP.

APPLICABLE POLICY, PROCEDURE, ETC.:

DECISION SUMMARY:

Nurse only evaluate medical issues and reffer or chart review the Medical Provider (MP)as needed. Nurses can not prescribe or change medication orders, only the MP. The MP evaluates, treat and order diagnostic testing conducted and monitored by the MP. The MP is responsible to determine the most appropriate course of treatment . A disagreement with the medical judgement of the MP does not support a claim that the treatment plan is inappropriate. Grievant has an appointment with the MP this afternoon and was encouraged to discuss all issues regarding right shoulder at that time and grievant will ask the MP what else can be done to help relieve the pain and discomfort on that shoulder. Grievant is encouraged to access health care through the health care request process to address any current health care concerns.

As reported on CSJ-247A Step I Prisoner/Parolee Grievance Form:	RESOLVED: <input type="checkbox"/>	PARTIALLY RESOLVED: <input checked="" type="checkbox"/>	DENIED: <input type="checkbox"/>
RESPONDENT NAME: Debrah L Marine	TITLE: RN13		
RESPONDENT SIGNATURE: 	DATE: 3/14/19		
REVIEWER NAME: Janet Campbell	TITLE: HUM		
REVIEWER SIGNATURE: 	DATE: 3/14/19		

Distribution: Original - Step I Grievance Coordinator Copies - 2 To Grievant

RN Frenick kept telling me is that I have an appointment at the end of February and I told him I go back to the unit and if the pain again might have a stroke or heart attack if this is not taken care of now. RN Frenick should not have any input into what the doctor could do because that is not his job nor is he medically trained to make such a decision that is of such a serious nature, especially provide this patient/prisoner with proper medical attention.

Step III Grievance Response

MARCUS WALKER **374618**

ARF 18123108

374618

Grievant alleges he is being denied treatment for concerns of migraines.

All relevant information within the electronic medical record has been reviewed. Step II appropriately addressed this grievance and is affirmed at the Step III appeal. Review indicates the grievant has not submitted health care request indicating he is having concerns for the grieved issue since December 11, 2018. Grievants has been provided with an appropriate plan of care, it was updated during a Chronic Care Clinic on March 1, 2019, and his needs are being met. No violation has been identified and his allegations are not supported.

Grievance appeal denied.

Response of Bureau of Health Care Services

Date: 3/8/2019

Approved: R. Harbaugh RN
R. Harbaugh, RN

Date: 3/8/9

Richard D. Russell Manager, Grievance Section Office of Legal Affairs

MAR 18 2019

Ref. # 29095

Date Mailed

C: Warden

Southern

Regional Health Care Administrator

Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
CSJ-247B

Date Received by Grievance Coordinator
at Step II: 1/4/19

Grievance Identifier:

ALR1181121 1310181 1/24

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP RECEIVED: MDOC
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

JAN 18 2019

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
G.C. by 1-4-19. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARF-N	2-131A	12/5/18	1/2/19

STEP II — Reason for Appeal Issue has not been addressed; who or what is Lansing that is referred to as being the one that is denying me my medication? I need the individual that is denying me the Topamax. How can a medication be stopped without an evaluation and examination? When did a P.A. get trained in medicine and can over-rule what a world doctor has prescribed? I ask that I be placed back on Topamax. NOTE: If I kite each time I have a migraine, it will cost me \$5.00, which is asinine; why should I pay for something that is documented and chronic?

*** prescribed [this was a misprint]**

STEP II — Response

Date Received by
Step II Respondent:

(See Attached)

S. Aiken, RN 13

Respondent's Name (Print)

D. Aikens

Respondent's Signature

1-9-19

Date

Date Returned to
Grievant:

1-9-19

STEP III — Reason for Appeal Did not state who stopped the Topamax; did not state who the ACMO is and why after 9 years, I now need to keep a journal? Why is the opinion of a world doctor not valid? Did not address how can a P.A. who is not trained in medicine can over-rule a doctor what prescribed the medicine. I need the Topamax.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

Step II Grievance Appeal Response

Grievance Number: ARF 2018 11 3108 12F
Prisoner Name: Walker, Marcus
Prisoner Number: 374618

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: Grievant states that the Medical Provider (MP) is refusing to renew his migraine headache medication, Topamax; consequently he is suffering from constant migraine headaches. Date of incident 12/5/18.

SUMMARY OF STEP I RESPONSE: Upon searching the EHR, noted that on 12/4/18 the MP sent a request to Lansing for Topamax approval. The medication was deferred stating, "Patient needs to be examined by a MP during a headache in order to complete a physical exam. Also patient needs to keep a headache journal." Medication above needs an approval from Lansing. Per Lansing instructions, Grievant needs to come to Health Care during the week time when a MP is here to evaluate him during a headache episode meaning that he needs to have unit officer call Health Care to be seen as an urgent during a migraine episode, Grievant also needs to keep a record of all migraine episodes and how long they are lasting to present to the MP when he is seen, Grievant is encouraged to access health care through the Health Care Request (HCAR) process to address nay current health care concerns. Grievance partially resolved. Date of response 12/17/18.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges issue has not been addressed; who or what is Lansing that is referred to as being the one that is denying me my medication? I need the individual that is denying me the Topamax. How can a medication be stopped without an evaluation and examination? When did a PA get trained in medicine and can over-rule what a world doctor. I asked that I be placed back on Topamax. NOTE: If I kite each time I have a migraine, it will cost me \$5, which is asinine; why should I pay for something that is documented and chronic? Date of incident 12/5/18.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal, the Electronic Health Record (EHR); and policies were all reviewed, including any additional information needed was obtained as necessary to complete the response. Mr. Walker, there are some medications that need approval from the Assistant Chief Medical Officer (ACMO), who is located in Lansing and has full access to the EHR. Topamax is one of the medications that require ACMO approval. As indicated; the request for approval was deferred, as the ACMO has noted, "Patient needs to be examined by a provider during a headache in order to get a complete physical exam. Patient also needs to keep a headache journal." Grievant is encouraged to follow these directions, so the MP can determine if a ACMO request for approval needs to be resubmitted. The instructions for the ACMO were for you to be "examined by a provider during a headache", there is no charge for a MP visit, however if you submit a HCR/kite, your headache may not be active at the time you are called out, that is why you need to have unit officer call Health Care to be seen as an urgent during a migraine episode. The MP is in charge of your treatment plan; outside doctors are viewed as a consultant only. Again the responsibility for the case management of a prisoner rests with Bureau of Health Care Services (BHCS). Without following the recommendations of keeping a journal and reporting migraine to custody during the migraine to be evaluated by MP, the Topamax will not be ordered. Grievance denied, at this time.

A migraine headache journal may include; time of day; food recently consumed; light or darkness sensitivity; frequency; duration; location of pain; intensity; quality of pain.

Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence does not show a medical need exists for Topamax to be ordered. Grievant has not been examined by a physician or healthcare professional during the time of the grievance. Grievant is encouraged to follow directions given to him for his migraine headaches (listed above).

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Services
- OP 03.04.100C, Pharmacy Services and Medication Management

Grievance Denied: Review of the evidence supports that Grievant's medical needs are being addressed. Grievant is encouraged to follow directions given to him for his migraine headaches (listed above).

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: 	DATE: 1/9/19

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

MM

4835-4247 10/94
CSJ-247ADate Received at Step I 12-11-18Grievance Identifier: ARF 1181121311081 1B4F

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
<u>Marcus Walker</u>	<u>374618</u>	<u>ARF</u>	<u>Z-13114</u>	<u>12/15/18</u>	<u>12/10/18</u>

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 12/15/18 - 12/10/18
 If none, explain why. On the above date stated above Mr. Walker medication has not been reissued. Mr. Walker was told at 7:00pm med-line 12/15/18 my Topamax was not being renewed and was not told by P.A. the reason and she knows that this medication work better than anything. This denial of medical care came from P.A. Rosilyn Jindal.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130. This grievance is against the Physician Assistance (Rosilyn Jindal) here Gvs Harrison Correctional Facility (ARF Worth). Dopro Policies pursuant to PD 03.03.130 (Health Care Letter "C") which states, Health care, including psychological service shall be available to Prisoner consistent with Contemporary Standard of Medical practice in the community set forth in PD 03.04.100 "Health Services". Health care shall be available, accessible and organized for delivery in a humane cost-efficient manner. As i have been on medication 9 years to help me with my serious migraine from which i suffer a gun shot wound to the back of my head and i have been on this medication to stop light head and to stand lights and noise bother me that why i was on Topamax. I have been to Health Care since i been off this medication and to see why i was taken off he told me the (PA) did not reissued that medication and he told me she want me to write everyday how my migraine happen. She has not call me over to see her about this important issued. At this time i am still not on any migraine pill. P.A. Rosilyn Jindal is Knowingly inflicting pain, which is cruel and unusual punishment and this is also a Dereliction of Duty in mounting to Deliberate Medical Indifference. Therefore the resolution is to Mr. Walker Topamax to be re-ordered or be seen ASAP to be seen and see what type of medication i need.

Marcus Y. Walker

Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)All
AttacksDickie S. Karis

Respondent's Signature

Debrah L. Marries

Respondent's Name (Print)

12/17/18

Date

RKP

Working Title

J Campbell

Reviewer's Signature

J Campbell

Reviewer's Name (Print)

12/17/18

Date

HUN

Working Title

Date Returned to

Grievant:

12/20/18

If resolved at Step I, Grievant sign here.

Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S - DRAFT 7/9/2018

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

Grievance #:	ARF-18-11-3108-12F	Prisoner Interviewed:	YES <input checked="" type="checkbox"/>	IF NO INTERVIEW, GIVE REASON:		
Prisoner Name:	Walker Marcus		NO <input type="checkbox"/>			
Prisoner #:	374618					
Lock/Location:		Extension Granted:				
131 A-2		YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	If "YES" end date:		

COMPLAINT SUMMARY:

Grievant states that the Medical Provider is refusing to renew his migraine headache medication Topamax consequently he is suffering from constant migraine headache.

INVESTIGATION SUMMARY:

Upon searching the electronic chart noted that on 12/4/18 the Medical Provider sent a request to Lansing for Topamax approval. The medication was deferred stating " patient needs to be examined by a Provider during a headache in order to complete a physical exam. Also patient needs to keep a headache journal.

APPLICABLE POLICY, PROCEDURE, ETC.:

PD.03.04.100.

DECISION SUMMARY:

Medication above needs an approval from lansing. Per Lansing instructions, grievant needs to come to Health Care during the week time when a medical provider is here to evaluate him during a headache episode meaning that he needs to have unit officer call Health Care to be seen as an urgent during a migraine episode. Grievant also needs to keep a record of all migraine episodes and how long they are lasting to present to the Medical Provider when he is seen. Grievant is encouraged to access health care through the health care request process to address any current health care concerns.

As reported on CSJ-247A Step I Prisoner/Parolee Grievance Form:	RESOLVED: <input type="checkbox"/>	PARTIALLY RESOLVED: <input checked="" type="checkbox"/>	DENIED: <input type="checkbox"/>
RESPONDENT NAME:	Debrah L Marine	TITLE: RN13	
RESPONDENT SIGNATURE:	<i>Debrah L. Marine</i>	DATE: 12/17/18	
REVIEWER NAME:	Janet Campbell	TITLE: HUM	
REVIEWER SIGNATURE:	<i>Janet Campbell</i>	DATE: 12/17/18	
Distribution: Original - Step I Grievance Coordinator	Copies - 2 To Grievant		

Step III Grievance Response

MARCUS WALKER **374618**

ARF **18082101**

Grievant alleges the Medical Provider has not appropriately addressed shoulder injury.

All relevant information within the electronic medical record has been reviewed. Step I and Step II appropriately addressed this grievance and are affirmed at the Step III appeal. Grievant is challenging the medical judgment of his Medical Provider. Your disagreement with the judgment of someone qualified and capable of making same does not support a claim for denial of care.

Grievance appeal denied.

Response of Bureau of Health Care Services

Date: 1/10/2019

Approved: R. Harbaugh RN
R. Harbaugh, RN

Date: 1/11/19


Richard D. Russell Manager, Grievance Section Office of Legal Affairs

JAN 15 2019

Date Mailed

Ref. # **28116**

C: Warden

Regional Health Care Administrator Southern
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM

4835-4248 5/09
CSJ-247B

Date Received by Grievance Coordinator
at Step II: 9-12-18

Grievance Identifier: 4835-4248 241011 1124f

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.
The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) MUST be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: E.C. by 9-11-18. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARP-N	2-131A X-247-18	8/9/18	9/6/18

STEP II — Reason for Appeal No treatment as far as the Cordonzone shots has been given and no medication for the pain has been administered. Had an MRI (finally!) done today, which revealed that the long delay has made the damage to my shoulder worse. No type of therapy is being done and may not be able to be done because of the deliberate indifference to my serious medical need. Dr. Alice Greiner kept prolonging the treatment and analysis for proper treatment. I ask that I be given proper treatment, pain medication, the Cordonzone shots without any further delay.

STEP II — Response

Date Received by
Step II Respondent:

See Attached

S. Aiken, RNIS
Respondent's Name (Print)

S. Aiken
Respondent's Signature

9/17/18
Date

Date Returned to
Grievant:

9-17-18

STEP III — Reason for Appeal Medical claims are not being addressed; sent medical kite to Health Care on 9/15/18; received on 9/16/18; stating that "No results are available to you from the medical record." That I have a ccc appt in late November [see Exhibit 1]. I have been living too long with this pain and injury and a deliberate indifference is being display to my health and well-being. I am to the point that I have very limited mobility with the use of my hand. At the MRI, medical personnel realised the pain

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

Step II Grievance Appeal Response

Grievance Number: ARF 2018 08 2101 12F
Prisoner Name: Walker, Marcus
Prisoner Number: 374618

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: Patient is unhappy with his visit with the MP. Date of incident 8/9/18.

SUMMARY OF STEP I RESPONSE: The patient injured his right shoulder dead lifting 500 pounds in the weight pit in February. He has since then, had an ultrasound, seen PT and seen an orthopedist. He states that his signs and symptoms are worsening. He is on Motrin and pain which he says is not helping. He saw the MD on 8/9/18 and she documented that he relayed to her that his symptoms are getting worse. She asked for an approval for an MRI and it was approved. The paperwork has been filled out and the appointment is scheduled. We discussed that we need the MRI done to determine the next course of action. It is scheduled and he will be seen by the MP when the results are available to determine his plan of care. Grievance partially resolved. Date of response 8/27/18.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges no treatment as far as the Cortisone shots has been given and no medication for the pain has been administered. Had an MRI (finally!) done today, which revealed that the long delay has made the damage to my shoulder worse. No type of therapy is being done and may not be able to be done because of the deliberate indifference to my serious medical need. The Medical Provider (MP) kept prolonging the treatment and analysis for proper treatment. I ask that I be given proper treatment, pain medication, the Cortisone shots without any further delay. Date of incident 8/9/18.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal, the Electronic Health Record (EHR), and policies were all reviewed, including any additional information needed was obtained as necessary to complete the response. Mr. Walker, you are prescribed Ibuprofen and Tylenol for the pain/swelling/discomfort. The MRI results were just received and you are being scheduled to see the MP to review the results and discuss any changes in your treatment plan. Grievance denied.

Grievant's health care needs are being addressed. Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Services
- OP 03.04.100C, Pharmacy Services and Medication Management

Grievance Denied; Your MRI results just came in and you are being scheduled to follow up with the MP for your results and update your treatment plan accordingly. Currently you are prescribed Tylenol and Ibuprofen.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: 	DATE: 9/17/18

Duthiey / Campbell
**MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM**

 4835-4247 10/94
 CSJ-247A

Date Received at Step I

8/15/18

Grievance Identifier:

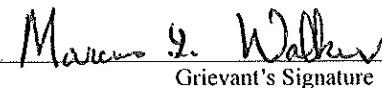
ARF11810812101112F

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARP-M	2-131A	8/9/18	8/13/18

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 6/12/18; 7/9/18; 8/9/18
 If none, explain why. Sent several kites; seen Dr. Alice Greiner on 8/9/18.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130 this grievance is against Dr. Alice Greiner for failure to supply medical treatment as been directed. On June 12, I seen a bone specialist. The specialist requested that I be given an MRI, to see a shoulder specialist; be given cortizone shots, to start therapy; this was on June 12, 2018. On 8/9/18, Dr. asked if my arm was getting better, I said no and it was getting worse. She did not look at my arm nor examine it, she merely rushed me out of her office and let me know she would order the MRI which the bone specialist had ordered on 6/12/18. My arm is getting smaller; I have numbness in my elbow which hurts constantly; my shoulder hurts more than before and constantly pops. Dr. Alice Greiner has purposely ignored and/or failed to respond to a prisoner's pain and/or possible medical need, which violates the 8th Amendment. Atkinson v Vargo, 284 Fed.Appx. 469, 472 (9th Cir.2008). REDRESS: That proper treatment be given and followed as the bone specialist had requested on 6/12/18.



Grievant's Signature

RESPONSE (Grievant Interviewed?)

 Yes No

If No, give explanation. If resolved, explain resolution.)

See a Dr. Hl

Respondent's Signature

Date

Respondent's Name (Print)

Working Title

Reviewer's Signature

Date

Reviewer's Name (Print)

Date

Working Title

Date Returned to
Grievant: 8/28/18If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

MICHIGAN DEPARTMENT OF
CORRECTIONS

CSJ-247S – DRAFT 6/28/2018

STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM

Grievance #:	18-08-21-01-12F	Prisoner Interviewed:	YES <input checked="" type="checkbox"/>	IF NO, GIVE REASON:	
Prisoner Name:	Walker	NO <input type="checkbox"/>			
Prisoner #:	374618				
Lock/Location:	Extension Granted:				
1312	YES: <input type="checkbox"/>	NO: <input checked="" type="checkbox"/>	If "YES" end date:		

COMPLAINT SUMMARY:

The pt. is unhappy with his visit with the MP.

INVESTIGATION SUMMARY:

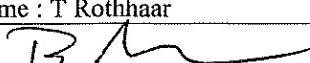
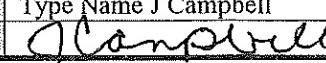
The pt. injured his right shoulder dead lifting 500 pounds in the weight pit in Feb. He has since then, had an ultrasound, seen PT and seen an orthopedist. He states that his signs and symptoms are worsening. He is on Motrin for pain which he says is not helping. he saw the MD on 8-9-18 and she documented that he related to her that his symptoms are getting worse. She asked for an approval for an MRI and it was approved. The paperwork has been filled out and the appointment is scheduled.

APPLICABLE POLICY, PROCEDURE, ETC.:

.03.04.101

DECISION SUMMARY:

We discussed that we need the MRI done to determine the next course of action. It is scheduled and he will be seen by the MP when the results are available to determine his plan of care. Grievance partially resolved.

As reported on CSJ-247A Step I Prisoner/Parolee Grievance Form:		RESOLVED: <input type="checkbox"/>	PARTIALLY RESOLVED: <input checked="" type="checkbox"/>	DENIED: <input type="checkbox"/>
RESPONDENT NAME:	Type Name : T Rothhaar	TITLE:	Type Title: RN Manager	
RESPONDENT SIGNATURE:		DATE :	8/27/18	
REVIEWER NAME:	Type Name J Campbell	TITLE:	Type Title: HUM	
REVIEWER SIGNATURE:		DATE:	8/27/18	

Distribution: Original - Step I Grievance Coordinator Copies – 2 To Grievant

[continued from p 1 of Step III]

I am going through and suffering. Want Cordosone shots and proper medical treatment.

Grievance Identifier: ARF-1808-2101-12f

HEALTH CARE REQUEST**PRISONER: COMPLETE SECTIONS A THROUGH D**

A NAME: <i>Marcus L. Walker</i>	FACILITY: A/P	
NUMBER: 374618	LOCK: 2	DATE: 9-15-18
B This Health Care Request is for the following (check one or more): <input checked="" type="checkbox"/> Health Record Copies		
<input type="checkbox"/> Dental <input type="checkbox"/> Medication Refill <input checked="" type="checkbox"/> Medical <input type="checkbox"/> Optometry <input type="checkbox"/> Mental Health		
<input type="checkbox"/> Non-urgent <input checked="" type="checkbox"/> Urgent		
C I have the following problems/symptoms: <i>This is a follow up request to see what going on with my results from my MRI, for my arm I have not seen anyone on that yet because my arm and shoulder is giving me a lot of pain and discomfort and numbness and nerve pain getting worst i really cannot hold anything in my hand; i drop it and my shoulder is giving me a lot of pain. And my other problem my back lower back my disc on left is giving me a lot of pain it is my history now i know why from X-Ray.</i> <i>Thank You!</i>		

D NOTICE TO PRISONER

You will not be denied health care services for lack of personal funds. However, if your account does not have adequate funds, the copayment will be considered an institutional debt and shall be collected as set forth in PD 04.02.105, "Prisoner Funds".

Signing this document formally requests treatment. In addition, it authorizes the DOC to treat or arrange treatment for you and to release any necessary medical information to facilitate that treatment, to review treatment, to respond to a related grievance, or to review any appeal you may make regarding the Department's decision to charge for the care.

I have read Section D above, or it has been read to me and I understand that I will be charged \$5.00 for my health care visit unless it is for one of the reasons listed below in Section F. If I am charged for this visit, I agree that the \$5.00 may be taken from my account.

Prisoner Signature: *Marcus L. Walker*

Date: 9-15-18

PRISONER: DO NOT WRITE BELOW THIS LINE**E INSTRUCTIONS TO PRISONER**

RECEIVED

SEP 16 2018

ARF HEALTH SERVICE

An appointment has been scheduled for you on: Date:

Signature: Title: Provider #: Date:

F COPAYMENT (to be filled out by health care):

Note: If none of the exceptions listed below apply, check the box below and a copay will be charged.

Care that is:

- ♦ requested by a QHP (includes transfer assessments, chronic care clinics, intake and annual screening, and required follow-up care)
- ♦ for injuries that are work-related as documented by the prisoner's work supervisor
- ♦ requested for testing for HIV, STD's, infestations, or reportable communicable diseases
- ♦ requested for evaluation, consultation, or treatment of a mental health need
- ♦ prompted by a medical emergency (see Section I of the policy, if self-inflicted)

I have reviewed the visit of _____ and certify none of these exceptions apply.
Date:

Signature: Title: Provider #: Date:

Distribution: White - Health Services, Canary - Prisoner, Pink - Business Office

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	MARCUS WALKER	Age	43 Years
Date Received	09/17/2018		
Time Received	12:56 AM		
Taken By	Mary Velarde, RN		
Date Initiated	09/16/2018		

Action & Resolution

Date	Time	User	Detail
09/17/2018	1:02 AM	Mary Velarde, RN	Reason: musculoskeletal pain

Other

Reason: musculoskeletal pain.

Details: MRI results.

Comment: No results are available to convey to you from the medical record. You have a ccc appt in late November. Discuss the test results with the MP at that time. Otherwise, send another kite in a week or so to see if results have been made available..

WALKER, MARCUS
374618
08/25/1975

Step III Grievance Response

MARCUS WALKER 374618

ARF 18041061

Grievant is alleging the Medical Provider is has inappropriately denied him access to specialty care for an injury to his right arm.

In accordance to PD 03.02.130 grievances are to be rejected when untimely. Pursuant to policy, this grievance was untimely filed by the grievant at the Step III appeal. The grievant's Step III appeal was received on June 15, 2018. While providing a grace period for standard mail; the grievance however was still not received in a suitable timeframe after the due date of June 6, 2018.

The grievance tracking number has been changed from ARF-18-04-1061-12d1 to ARF-18-04-1061-28e in order to reflect the grievance category code at Step III.

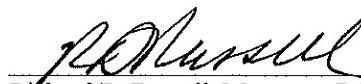
Grievance rejected.

Response of Bureau of Health Care Services

Date: 10/11/2018

Approved: R. Harbaugh, RN
R. Harbaugh, RN

Date: 10/12/18


Richard D. Russell Manager, Grievance Section Office of Legal Affairs

OCT 19 2018

Date Mailed

Ref. # 28321

C: Warden - ARF

Regional Health Care Administrator Southern
Grievant

RECEIVED - MDOC

JUN 15 2018

4835-4248 5/09
CSJ-247BMICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORMDate Received by Grievance Coordinator
at Step II: 5/14/18Grievance Identifier: AIRTEL180410961112011

Office of Legal Affairs

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: _____
G.C. by 5/18/18. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARF-M	2-130A	4/13/18	5/10/18

STEP II — Reason for Appeal The issue has not been resolved. Dr. Greiner did tell me that I would receive an MRI and that I would see a Specialist. This time at the review there was no discussion concerning my bicep tear and seeing a Specialist on muscle tear/damage. However, I was told that I would see a bone specialist and was given Naproxen. I have languished in excruciating pain, showed that I had bought OTC medicine to no avail. Several months went by and still no proper treatment. Dr. Greiner showed a deliberate indifference to my health.

STEP II — Response

Date Received by
Step II Respondent:*(See Attached)*

S. Aiken, RN/L3

Respondent's Name (Print)

S. Aiken

Respondent's Signature

5/22/18

Date

Date Returned to
Grievant:*5/22-18*

STEP III — Reason for Appeal Medical treatment and procedures have not taken place. I have spurs in my shoulder; my nerves have been damaged, have a twitched now in my muscle, which resulted from the delay of them wanting to see me and treat me. I was told that I have a muscle tear/damage to my right side of my arm. No one has seen me and have acted as though the problem should heal on its own over time. This is not how a patient would be treated in the public. I am in need of medical attention and a medical remedy.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

Step II Grievance Appeal Response

Grievance Number: ARF 2018 04 1061 12D1
Prisoner Name: Walker, Marcus
Prisoner Number: 374618

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: The patient is unhappy with the MD he saw about his shoulder/arm injury. Date of incident 4/13/18.

SUMMARY OF STEP I RESPONSE: See Grievance 2018 04 1086 12D1 for investigative information. The patient saw this provider on 3/15/18, the patient states she told him she was going to ask for a MRI and a specialist visit. There is no documentation to support this. I have spoken to the MP and informed her of his complaints. She is going to see him soon. Grievance cannot be resolved at Step I. Date of response 5/3/18.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges the issue has not been resolved. Dr. Greiner did tell me that I would receive a MRI and that I would see a specialist. This time at the review there was no discussion concerning my bicep tear and seeing a specialist on muscle tear/damage. However, I was told that I would see a bone specialist and was given Naproxen. I have languished in excruciating pain, showed that I had bought OTC medicine to no avail. Several months went by and still no proper treatment. Dr. Greiner showed a deliberate indifference to my health. Date of incident 4/13/18.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal, the Electronic Health Record (EHR), and policies were all reviewed, including any additional information needed was obtained as necessary to complete the response. Mr. Walker sustained injury on 2/13/18, while lifting 500 pounds of dead weight in the weight pit. Grievant has been assessed on several occasions for this issue with treatment provided as determined medically indicated by the assessing qualified health care professionals. A disagreement with the judgment of those qualified and capable of making same does not support a claim of deliberate indifference. The MP did request an ortho consult, however it was denied, as medical necessity is not indicated, at this time. The MP is to do conservative measures for improvement, at this time. Grievant's Step II appeal and Step I grievance have been reviewed at Step II in accordance with PD 03.02.130, "Prisoner/Parolee Grievances". After careful consideration your appeal has been denied and the Step I decision is upheld. Grievance Denied.

If the Grievant believes something more should be done for him medically, he has the option to seek a second opinion at his own expense per PD 03.04.100.

Grievant's health care needs are being addressed. Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Care Services

Grievance Denied; Grievant is being followed by MP for his medical needs, the request for an Orthopedic consult has been denied, as it is not medically necessary, at this time. The MP is to do conservative measure for improvement. Grievant can also follow policy, if he would like a second opinion at his own expense per PD 03.04.100.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: 	DATE: 5/22/18

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

Rth

4835-4247 10/94
CSJ-247ADate Received at Step I 4/17/18Grievance Identifier: MARIC1181041 106112011

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARP-N	2-130A	4/13/18	4/16/18

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 2/13/18; 4/13/18
If none, explain why.

This grievance is against Dr. Alice Greiner. I spoke to her and she told me that she would submit me to see a specialist, for an MRI, x-rays, and for a complete examination of my shoulder, bicep, arm and hand that are injured. On 4/13/18, I reviewed my medical record and learned that Dr. Alice Greiner had never submitted my name for anything.

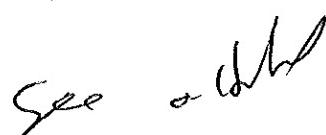
State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

This grievance is against Dr. Alice Greiner for the willful and callous and deliberate indifference to my health, safety and well-being. On 2/12/18, my right shoulder, bicep, arm and hand was injured. On 2/13/18, I was seen by Dr. Greiner concerning these injuries. She advised me that I would be scheduled for an MRI and to see a specialist; that I would learn what damage had been done, and if surgery was needed; she told me that she would submit my name. Because of the pain and discomfort, and the injury affecting my daily activities, I was given a medical laid-in, and not to lift more than 5 lbs. I had sent several kites and a Solomonson kept telling me that I was scheduled to see WP and this would be a few weeks. However, when I reviewed my medical record, I learned that my name and injuries had not been submitted to see anyone! This is a violation of my 8th Amendment and Art. I, §15 of the Const. 1963 (Mich.). REQUEST: I am requesting that Dr. Alice Greiner be disciplined, reported to the proper medical authorities, and that I be seen immediately by a specialist and that I receive an MRI and that if surgery is required, that it be done immediately before I lose all function in my right shoulder, bicep, arm and hand.



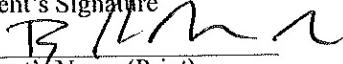
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)




Respondent's Signature

Date



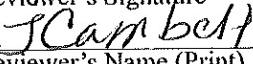
Respondent's Name (Print)

Working Title

5/3/18

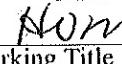


Reviewer's Signature



Reviewer's Name (Print)

Date



Working Title

5/3/18

Date Returned to
Grievant:If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

Step I Grievance Response

Grievance Number:	2018 04 1061 12D1
Prisoner Name	Walker
Prisoner Number:	374618

Prisoner	<input checked="" type="checkbox"/>	was	<input type="checkbox"/>	was NOT interviewed. GIVE REASON:	
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SUMMARY OF COMPLAINT:

The pt. is unhappy with the MD he saw about his shoulder/arm injury.

INVESTIGATION INFORMATION

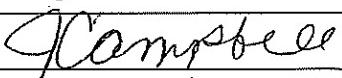
See Grievance #2018 04 1086 12D1 for investigative information. The pt. saw this provider on 3-15-18, the pt. states she told him she was going to ask for an MRI and a specialist visit. There is no documentation to support this.

APPLICABLE POLICY, PROCEDURE, ETC.

PD 03-04-100 Health Care

SUMMARY

I have spoken to the MD and informed her of his complaints. She is going to see him soon. Grievance cannot be resolved at Step One.

RESPONDENT NAME:	Tammy Rothhaar	TITLE:	RN13
RESPONDENT SIGNATURE:		Date	5-3-18
REVIEWER NAME:	J Campbell HUM	TITLE:	RN15sHUM
REVIEWER SIGNATURE:		DATE:	5/3/18

Step III Grievance Response

MARCUS WALKER 374618
ARF 180410856

Grievant alleges Health Care has not properly addressed injury to right shoulder, bicep, and elbow.

In accordance to PD 03.02.130 grievances are to be rejected when untimely. Pursuant to policy, this grievance was untimely filed by the grievant at the Step III appeal. The grievant's Step III appeal was received on June 15, 2018. While providing a grace period for standard mail; the grievance however was still not received in a suitable timeframe after the due date of June 6, 2018.

The grievance tracking number has been changed from ARF-18-04-1086-12D1 to ARF-18-04-1086-28e in order to reflect the grievance category code at Step III.

Grievance rejected.

Response of Bureau of Health Care Services

Date: 10/15/2018

Approved: R Harbaugh RN
R. Harbaugh, RN

Date: 10/30/18

RD Russell
Richard D. Russell Manager, Grievance Section Office of Legal Affairs

OCT 31 2018

Date Mailed

Ref. # 28319

C: Warden ~ ARF

Regional Health Care Administrator Southern
Grievant

**MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 5/09
CSJ-247B

Date Received by Grievance Coordinator
at Step II: 5-14-18

Grievance Identifier: KRPI18104 110816112D1

INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED MDOC

JUN 15 2018

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: C.C. by 5-18-18. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARE-N	2-130A	4/10/18	6/10/18

STEP II — Reason for Appeal It is claimed that I do "not feel that" my "shoulder, bicep and arm injury is being taken care of appropriately". This is not a belief, this is a fact! There is no medical staff that would allow a patient to suffer 2-3 months with a tear in their bi-cep, not send them to a specialist and not do a MRI, and prescribe them with proper medical attention and medicine. What has happen to me is a callous and wanton disregard for my health and violates the 8th Amendment. Even though I am incarcerated, I am still entitled to medical attention as though I am a member of the Public and the Constitution does not stop at the front gate. I am still requesting medical assistance, i.e., to see a muscle specialist for partial tear on my bicep and the tendinosis of my supraspinatus at the distal attachment. The Dr. decided for some odd reason to lift my arm/shoulder creating my pain and damaging the injurie(s) further. I am requesting that I see the proper

STEP II — Response

Date Received by
Step II Respondent:

(See Attached)

S.Aiken, RN

S. Aiken

Respondent's Name (Print)

Respondent's Signature

522-D

Date

Date Returned to
Grievant:

522-18

STEP III — Reason for Appeal I still live in pain and have not been treated and have not seen a doctor nor specialist for the bone spurs that are now in my right shoulder; for the muscle tear/damage in my right arm, and now the nerve damage in my right arm. I still am in need of medical attention and proper medical treatment. I have developed a twitch in my muscle where the damage/tear is.

NOTE: Only a copy of this appeal and the response will be returned to you.

STEP III — Director's Response is attached as a separate sheet.

DISTRIBUTION: White – Process to Step III; Green, Canary, Pink – Process to Step II; Goldenrod – Grievant

Step II Grievance Appeal Response

Grievance Number: ARF 2018 04 1086 I2DI
Prisoner Name: Walker, Marcus
Prisoner Number: 374618

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

SUMMARY OF STEP I COMPLAINT: The patient does not feel that his shoulder, bicep and arm injury is being taken care of appropriately. Date of incident 4/10/18.

SUMMARY OF STEP I RESPONSE: The patient presents with a long history of weight pit related injuries to his shoulders. On 2/3/18, he was dead lifting 500 pounds and felt a pop in his bicep and his shoulder hurt. He was seen in HC by the RN and the PA. He was seen in follow up by the RN on 2/17/18, 2/20/18, and 2/26/18. He saw the PA on 2/26/18 and an ultrasound was ordered. This was done on 3/7/18 and it showed a partial tear of the bicep tendon and tendonitis/tendinosis of the supraspinatus at the distal attachment. He saw the RN again on 3/13/18. He saw the MD on 3/15/18; she told him no weight lifting over 5 pounds with the affected arm and hand. He states that she told him he was going to refer him to a specialist and order an MRI. There is no documentation to support this. He kited again on 4/2/18 and 4/10/18. He saw the RN again on 4/13/18. He relates that his arm and shoulder is worsening, he can't lift it and can't grip anything. He states he is unable to sleep due to pain. I spoke with the MD and informed her of his complaints. She will see him soon to determine the next step in his care. Grievance partially resolved at Step I. Date of response 5/3/18.

SUMMARY OF STEP II REASON FOR APPEAL: Grievant alleges it is claimed that I do "not feel that" my "shoulder, bicep and arm injury is being taken care of appropriately". This is not a belief, this is a fact! There is no medical staff that would allow a patient to suffer 2-3 months with a tear in their bicep, not send them to a specialist and not do a MRI, and prescribe them with proper medical attention and medicine. What has happen to me is a callous and wanton disregard for my health and violates the 8th Amendment. Even though I am incarcerated, I am still entitled to medical attention as though I am a member of the Public and the Constitution does not stop at the front gate. I am still requesting medical assistance, i.e., to see a muscle specialist for partial tear on my bicep and the tendinosis of my supraspinatus at the distal attachment. The Dr. decided for some odd reason to lift my arm/should creating my pain and damaging the injurie(s) further. I am requesting that I see the proper specialist and get a MRI done and to have the damage to my shoulder, bicep and hand fully analyzed in order to assess the full damage that has been done and how the delay has caused greater damage. This treatment so far has been a deliberate indifference to my health; this is more than "mere neglect". Date of incident 4/10/18.

SUMMARY OF STEP II INVESTIGATION: Upon investigation of the Step II appeal; the Step I response, reason for appeal, the Electronic Health Record (EHR), and policies were all reviewed, including any additional information needed was obtained as necessary to complete the response. Mr. Walker sustained injury on 2/13/18, while lifting 500 pounds of dead weight in the weight pit. Grievant has been and continues to be advised to stop lifting weights as he does and to limit lifting to no more than 5 pounds with his right arm, he was issued a medical detail for this restriction. Grievant has been assessed on several occasions for this issue with treatment provided as determined medically indicted by the assessing qualified health care professionals. The MP did request an ortho consult, however it was denied, as medical necessity is not indicated, at this time. The MP is to do conservative measures for improvement, at this time. Grievant's Step II appeal and Step I grievance have been reviewed at Step II in accordance with PD 03.02.130, "Prisoner/Parolee Grievances". After careful consideration your appeal has been denied and the Step I decision is upheld. Grievance Denied.

If the Grievant believes something more should be done for him medically, he has the option to seek a second opinion at his own expense per PD 03.04.100.

Grievant's health care needs are being addressed. Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

CONCLUSION: Evidence

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Care Services
- OP 03.04.100C, Pharmacy Services and Medication Management
- PD 04.06.160 Medical Details and Special Accommodations Notices

Grievance Denied; Grievant is being followed by MP for his medical needs, the request for an Orthopedic consult has been denied, as it is not medically necessary, at this time. The MP is to do conservative measure for improvement. Grievant is encouraged to follow the treatment plan per MP, including DO NOT LIFT OVER 5 POUNDS WITH RIGHT ARM, as per MP order on medical detail. Grievant can also follow policy, if he would like a second opinion at his own expense per PD 03.04.100.

RESPONDENT NAME: Subrina Aiken, RN	TITLE: Clinical Administrative Assistant Jackson Health Care Office Administration
RESPONDENT SIGNATURE: <i>Subrina Aiken, RN</i>	DATE: 5/22/18

MICHIGAN DEPARTMENT OF CORRECTIONS
PRISONER/PAROLEE GRIEVANCE FORM

Reth

4835-4247 10/94
CSJ-247ADate Received at Step I 4-19-18 Grievance Identifier: 1AIRE1181041 110861/12D11

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Marcus Walker	374618	ARE-N	Z-130A	4/10/18	4/12/18

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 4/1/18 & 4/9/18
 If none, explain why. This grievance is against Health Service for the denial of medical attention and for failure to provide medical attention to a serious medical need in violation of the 8th Amendment to the U.S. Const.; and Const. 1963, Art. I, §15. I sent two kites plus medical kites in ~~February~~ and March of this year.

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

Approximately around February 10, 2018, I injured my right shoulder and rip/tore my right bi-cep; I also have nerve damage and cannot make a fist. I was told that I would get an MRI and would see a specialist. I kited on 4/1/18 stating that the bi-cep and shoulder was getting worse, that I needed to see a doctor and what was going on with the request made to Lansing; that I was having burning sensations and sharp pain in the bicep and elbow area and shoulder; that I cannot lay on my right side nor raise it over my head and my hand is cramped up real bad. JOHN R. SORVONEN, RN responded on 4/2/18, stating my request would be passed on (Exh. 1). On 4/9/18, stating that I needed to be seen ASAP; that I am unable to use my shoulder, bicep and elbow; it is keeping me from sleeping and getting proper rest. On 4/10/18, I received a response from the same RN, telling me that I was scheduled to see the MP in the next few weeks. On 3/13/18, I was issued a medical lay-in and not to lift anything over 5 lbs. Yet, I am still climbing up in the bed with a bad shoulder, bicep and elbow. I am entitled under the Constitution to receive medical care and the prison fences does not stop at the prison doors. My medical ~~problem~~ is serious and a lay-person could see the pain that I am in and that I may need immediate medical attention. The problem happened in February and 2 months

Marcus J. Walker
Grievant's Signature

RESPONSE (Grievant Interviewed?) Yes No If No, give explanation. If resolved, explain resolution.)

See a Hh

Brian
Respondent's Signature

Brian
Respondent's Name (Print)

5/3/18
Date
AN/13
Working Title

J Campbell
Reviewer's Signature
J Campbell
Reviewer's Name (Print)

5/3/18
Date
Hum
Working Title

Date Returned to
Grievant: 5/4/18

If resolved at Step I, Grievant sign here.
Resolution must be described above.

Grievant's Signature

Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One; Goldenrod — Grievant

MDOC Defs Exhibit B

Marcus Walker #374618 v Dr. Mary Greiner, et al.

USDC-ED No. 2:21-cv-12874

070

Step I Grievance Response

Grievance Number:	2018 04 1086 12DI
Prisoner Name	Walker
Prisoner Number:	374618

Prisoner	<input checked="" type="checkbox"/>	was	<input type="checkbox"/>	was NOT interviewed. GIVE REASON:	
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SUMMARY OF COMPLAINT:

The pt. does not feel that his shoulder, bicep and arm injury is being taken care of appropriately.

INVESTIGATION INFORMATION

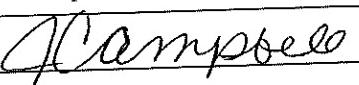
The pt. presents with a long history of weight pit related injuries to his shoulders. On 2-3-18 he was dead lifting 500 pounds and felt a pop in his bicep and his shoulder hurt. He was seen in HC by the RN and the PA. He was seen in f/u by the RN on 2-17-18, 2-20-18 , 2-26-18. He saw the PA on 2-26-18 and an ultrasound was ordered. This was done on 3-7-18 and it showed a partial tear of the biceps tendon and tendonitis/tendinosis of the supraspinatus at the distal attachment. He saw the RN again on 3-13-18. He saw the MD on 3-15-18, she told him no weight lifting over 5 pounds with the affected arm and hand. He states that she told him he was going to refer him to a specialist and order an MRI. There is no documentation to support this. He kited again on 4-2-18 and 4-10-18. He saw the RN again on 4-13-18. He relates that his arm and shoulder is worsening, he can't lift it and can't grip anything. He states he is unable to sleep due to pain.

APPLICABLE POLICY, PROCEDURE, ETC.

PD 03-04-100 Health Care

SUMMARY

I spoke with the MD and informed her if his complaints. She will see him soon to determine the next step in his care. Grievance partially resolved at Step One.

RESPONDENT NAME:	Tammy Rothhaar	TITLE:	RN13
RESPONDENT SIGNATURE:		Date	5-3-18
REVIEWER NAME:	J Campbell HUM	TITLE:	RN15sHUM
REVIEWER SIGNATURE:		DATE:	5/3/18

P 2 of 2

later no medical care has been provided, i.e., surgery, etc. The action by health care is a "deliberate indifference" to my health and well-being; as well as a callous disregard, with a wanton and willful action toward me and my health. REDRESS: That I be seen immediately by the MP and that I receive the proper medical attention, even if it means surgery to repair the torn/rip bicep and any ligament damage.

NOTE: I will provide Exhibit 1, as soon as I get it xeroxed so that I don't lose my grievance time.

Marcus Walker #374618

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	MARCUS WALKER	Age	42 Years
Date Received	04/02/2018		
Time Received			
Taken By	John R. Solomonson, RN		
Date Initiated			

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
04/02/2018	12:06 AM	John R. Solomonson, RN	Schedule Chart Review/Update approx 04/02/2018 with Mid Level by John R. Solomonson, RN. Reason: Inmate is requesting to let MP know that bicep/ shoulder injury is worse. Inmate wants to know if request to Lansing has come through. He states he has sharp pain in bicep, elbow, and shoulder.. Comments: Inmate's request will be passed along to MP for consideration..

Other

Reason: Inmate is requesting to let MP know that bicep/ shoulder injury is worse. Inmate wants to know if request to Lansing has come through. He states he has sharp pain in bicep, elbow, and shoulder..

Comment: Inmate's request will be passed along to MP for consideration..

WALKER, MARCUS
374618
08/25/1975

1/1

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	MARCUS WALKER	Age	42 Years
Date Received	04/02/2018		
Time Received			
Taken By	John R. Solomonson, RN		
Date Initiated			

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
04/02/2018	12:06 AM	John R. Solomonson, RN	Schedule Chart Review/Update approx 04/02/2018 with Mid Level by John R. Solomonson, RN. Reason: Inmate is requesting to let MP know that bicep/ shoulder injury is worse. Inmate wants to know if request to Lansing has come through. He states he has sharp pain in bicep, elbow, and shoulder.. Comments: Inmate's request will be passed along to MP for consideration..

Other

Reason: Inmate is requesting to let MP know that bicep/ shoulder injury is worse. Inmate wants to know if request to Lansing has come through. He states he has sharp pain in bicep, elbow, and shoulder..

Comment: Inmate's request will be passed along to MP for consideration..

WALKER, MARCUS
374618
08/25/1975

1/1

MICHIGAN DEPARTMENT OF CORRECTIONS



Kite Response

Patient Name	MARCUS WALKER	Age	42 Years
Date Received	04/02/2018		
Time Received			
Taken By	John R. Solomonson, RN		
Date Initiated			

Action & Resolution

<u>Date</u>	<u>Time</u>	<u>User</u>	<u>Detail</u>
04/02/2018	12:06 AM	John R. Solomonson, RN	Schedule Chart Review/Update approx 04/02/2018 with Mid Level by John R. Solomonson, RN. Reason: Inmate is requesting to let MP know that bicep/ shoulder injury is worse. Inmate wants to know if request to Lansing has come through. He states he has sharp pain in bicep, elbow, and shoulder.. Comments: Inmate's request will be passed along to MP for consideration..

Other

Reason: Inmate is requesting to let MP know that bicep/ shoulder injury is worse. Inmate wants to know if request to Lansing has come through. He states he has sharp pain in bicep, elbow, and shoulder..

Comment: Inmate's request will be passed along to MP for consideration..

WALKER, MARCUS
374618
08/25/1975

1/1